

01-1201

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PTO/SB/05 (03-01)

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11/13/01
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11/13/01UTILITY
PATENT APPLICATION
TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No. LP5140 USNA

First Inventor CARMEN A. COVELLI

Title WEFT-STRETCH WOVEN FABRIC WITH HIGH RECOVERY

Express Mail Label No. EK004593114US

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 14] (preferred arrangement set forth below) - Descriptive title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C.113) [Total Sheets 1]</p> <p>5. Oath or Declaration [Total Pages 1]</p> <p>a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) (for a continuation/divisional with Box 18 completed) i. <input checked="" type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>		<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies</p> <p>ACCOMPANYING APPLICATIONS PARTS</p> <p>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input checked="" type="checkbox"/> Power of (when there is an assignee) Attorney</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other:</p>	

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation Divisional Continuation-in-part (CIP)

of prior application No: _____ /

Group / Art Unit: _____

Prior application information: Examiner _____
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label		*23906* 23906 PATENT TRADEMARK OFFICE		or <input type="checkbox"/> Correspondence address below	
Name					
Address					
City		State	Zip Code		
Country		Telephone	Fax		
Name (Print/Type)		ROBERT B. FURR, JR.		Registration No. (Attorney/Agent)	
Signature				Date 13 November 2001	

FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 740)

Complete If Known

Application Number	HEREWITH
Filing Date	
First Named Inventor	CARMEN A COVELLI
Examiner Name	
Group / Art Unit	

Attorney Docket No. LP5140USNA

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number
04-1928Deposit Account Name
E. I. du Pont de Nemours and Company

Charge Any Additional Fee Required
Under 37 CFR 1.16 and 1.17
 Applicant claims small entity status.
See 37 CFR 1.27

2. Payment Enclosed:

Check Credit card Money Order Other

FEE CALCULATION (continued)

3. ADDITIONAL FEES			
Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code (\$)	
105	130	205	65
127	50	227	25
139	130	139	130
147	2,520	147	2,520
112	920*	112	920*
113	1,840*	113	1,840*
115	110	215	55
116	400	216	200
117	920	217	460
118	1,440	218	720
128	1,960	228	960
119	320	219	160
120	320	220	160
121	280	221	140
138	1,510	138	1,510
140	110	240	55
141	1,280	241	640
142	1,280	242	640
143	460	243	230
144	620	244	310
122	130	122	130
123	50	123	50
126	180	126	180
Total Claims	11 -20	= 0 X 18 = 0	
Independent Claims	2 -3	= 0 X 84 = 0	
Multiple Dependent		X 280 = 0	
Large Entity	Small Entity	Fee Description	
Fee Code	Fee (\$)	Fee Code (\$)	
103	18	203	9
102	84	202	42
104	280	204	140
109	84	209	42
110	18	210	9
SUBTOTAL (1) (\$ 740)			
2. EXTRA CLAIM FEES			
Total Claims	11 -20	= 0 X 18 = 0	
Independent Claims	2 -3	= 0 X 84 = 0	
Multiple Dependent		X 280 = 0	
Large Entity	Small Entity	Fee Description	
Fee Code	Fee (\$)	Fee Code (\$)	
103	18	203	9
102	84	202	42
104	280	204	140
109	84	209	42
110	18	210	9
SUBTOTAL (2) (\$ 0)			
*Reduced by Basic Filing Fee Paid			
SUBTOTAL (3) (\$ 0)			

*or number previously paid, if greater; For Reissues, see above

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	ROBERT B. FURR, JR.	Registration No. Attorney/Agent)	32,985	Telephone	302-892-7910
Signature					Date Nov. 13, 2001

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Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.